SUMMARY SHEET

	Change in Company's Premium or rate level produced by rate revision effective		9/1/2006
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
€.	Fire	4,953,025	-4.1%
10.	Extended Coverage	3,118,447	-0.9%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Doe	s filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
	ee Cover Letter		
3riet	description of filing. (If filing follows rat	es of an advisary organization, specify organizati	ion):
	ee Cover Letter		·

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEBVED JUN - 8 2006 SPRINGFIELD, ILLINOIS

West Bend Mutual Insurance Company Name of Company

Pat Schweizer, AU - Staff Underwriter Official - Title

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